## APPLICATION DATA SHEET

## APPLICATION INFORMATION

Application Type:: REGULAR Subject Matter:: UTILITY CD-ROM or CD-R?:: NONE

Title::

DISPLAY UNIT AND MOBILE APPARATUS USING THE UNIT

Attorney Docket Number:: 220116US2

Total Drawing Sheets:: 7

## INVENTOR INFORMATION

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Applicant Authority Type:: INVENTOR JAPAN

Primary Citizenship Country::

FULL CAPACITY Status:: Given Name:: Kaoru

Family Name:: KOIWA City of Residence:: Tokyo Country of Residence:: **JAPAN** 

Street of Mailing Address:: 4-36-17-200, Yoyogi, Shibuya-Ku

City of Mailing Address:: Tokvo JAPAN Country of Mailing Address::

Applicant Authority Type:: INVENTOR Primary Citizenship Country:: JAPAN.

Status:: **FULL CAPACITY** 

Given Name:: Hirovuki Family Name:: HASEBE City of Residence:: Chigasaki-Shi

Country of Residence:: JAPAN Street of Mailing Address:: 800-19, Hamanogou

City of Mailing Address:: Chigasaki-Shi

State or Province of Mailing Address:: Kanagawa-Ken

Country of Mailing Address:: JAPAN Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: JAPAN

Status:: FULL CAPACITY

Given Name:: Asako
Family Name:: SATOH
City of Residence:: Yokohama-Shi

Country of Residence:: JAPAN

Street of Mailing Address:: 1-13-16, Namamugi, Tsurumi-ku

City of Mailing Address:: Yokohama-Shi

State or Province of Mailing Address:: Kanagawa-Ken Country of Mailing Address:: JAPAN

Applicant Authority Type:: INVENTOR

Primary Citizenship Country:: JAPAN
Status:: FULL CAPACITY

Given Name:: Jun

Family Name:: MOMMA
City of Residence:: Yokohama-Shi

Country of Residence:: JAPAN

Street of Mailing Address:: 316-39-104, Hazawa-Cho, Kanagawa-Ku

City of Mailing Address:: Yokohama-Shi State or Province of Mailing Address:: Kanagawa-Ken

Country of Mailing Address:: JAPAN

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 22850

REPRESENTATIVE INFORMATION

Representative Customer Number:: 22850

FOREIGN PRIORITY INFORMATION

Application Number: Country:: Filing Date:: Priority Claimed:: 2001-056025 Japan | 02/28/01 | YES

ASSIGNMENT INFORMATION

Assignee Name:: KABUSHIKI KAISHA TOSHIBA

Street of Mailing Address:: 1-1, SHIBAURA 1-CHOME.

MINATO-KU

City of Mailing Address:: TOKYO